



# Prevention Voices

Spring 2008

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This newsletter is published quarterly by the MT Department of Public Health and Human Services, HIV/STD Section, 1400 Broadway Room C - 211 Helena, MT 59620 [www.health.mt.gov](http://www.health.mt.gov) (406) 444-3565



## Montanans Attend National STD Conference



Several Montanans joined more than 1,500 public health, medical and academic experts in Chicago for the "2008 National Sexually Transmitted Disease (STD) Prevention Conference," March 10 – 13, 2008, the only U.S. conference focused exclusively on reducing the burden of STDs. "It was a good blend of representatives from local and national organizations, including the Director of the Centers for Disease Control and Prevention (CDC), Julie Gerberding, M.D.," said Laurie Kops, Supervisor, HIV/STD Section for the Montana Department of Public Health and Human Services (DPHHS).

Kops and two other employees of DPHHS attended the conference: Kathy McCarthy, Bureau Chief, Communicable Disease Control and Prevention, and Susie Zanto, Supervisor, Public Health Laboratory.

During the three-day conference, findings were presented from more than 400 scientific studies and public health program assessments that shed light on the latest STD prevention efforts and challenges, as well as strategies to effectively diagnose and treat the millions of Americans infected with STDs.

Public health experts discussed opportunities for integrating services that enhance HIV and viral hepatitis prevention. "Disease integration is an effective way to plan programs and services from the perspective of common risk factors, people and providers," says McCarthy. "If a patient comes in to a provider for one disease, such as TB, hepatitis, or another STD, integrating counseling, testing and treatment can prevent the transmission of other STDs."

The CDC estimates that approximately 19 million new STD infections occur annually in the United States. STDs such as chlamydia and gonorrhea are major causes of infertility among women, and these and other common STDs can increase the risk of HIV transmission for both women and men.

The conference addressed the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings*. The recommendations advise testing for HIV as part of routine medical examinations for anyone 13 to 64 years old. "People are at risk for HIV just as much as any other STD," says Kops. "Yet, STD testing is much more routinely done than HIV testing among patients with similar risk factors."

**April 2008 is  
National STD Awareness Month**  
American Social Health Association  
[www.ashastd.org](http://www.ashastd.org)

(Continued on page 2)

## Montanans Attend National STD Conference—Continued

Data presented at this year's conference show that STDs remain a major cause of health disparities in the United States. Numerous studies show that young people, African-Americans, men who have sex with men, and individuals living in poverty or who have limited access to healthcare have disproportionately high rates of STDs. STDs also have a substantial economic impact, costing the U.S. health care system as much as \$15.5 billion annually.

"Sexually transmitted diseases remain a significant public health threat, but one that can be overcome," said Kevin Fenton, M.D., Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. "We've achieved important successes in recent years, from increased chlamydia screening among young women to declines in syphilis among African-Americans and women of all races. But for the millions of people whose health remains at risk, our continued commitment to STD prevention is essential."

Among other topics, research presented at the conference examined the prevalence of STDs among adolescent women, the disproportionate impact of STDs among African-Americans and continued syphilis increases among gay and bisexual men. Conference presentations also highlighted missed opportunities for STD screening and treatment, as well as new strategies that public health organizations are using to reach people at risk.

"This conference comes at a time of real opportunity for reducing STDs in America," said John M. Douglas, Jr., M.D., Director of CDC's Division of STD Prevention. "While it is also a time of major challenges, there are many practical solutions to reduce the burden of STDs. Our task is to maximize the use of these new tools, from vaccines to innovative STD screening and treatment approaches, while strengthening traditional public health efforts and infrastructure."

The National STD Prevention Conference, held every two years, is sponsored by CDC, with support from the American Sexually Transmitted Disease Association (ASTDA), the American Social Health Association (ASHA), and the National Coalition of STD Directors (NCSDD).

### 2008 National STD Prevention Conference

Chicago, IL

March 10-13, 2008

visit site >>

[www.cdc.gov/stdconference](http://www.cdc.gov/stdconference)

### CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease

A recent study by the Centers for Disease Control and Prevention (CDC) estimates that one in four (25 percent) young women between the ages of 14 and 19 in the United States – or 3.2 million teenage girls – is infected with at least one of the most common sexually transmitted diseases: human papillomavirus (HPV), chlamydia, herpes simplex virus, and trichomoniasis. The study, presented at the 2008 National STD Prevention Conference, is the first to examine the combined national prevalence of common STDs among adolescent women in the United States, and provides the clearest picture to-date of the overall STD incidence among adolescent women.

Led by CDC's Sara Forhan, M.D., M.P.H., the study also finds that African-American teenage girls were most severely affected. Nearly half of the young African-American women (48 percent) were infected with an STD, compared to 20 percent of young white women.

The two most common STDs overall were human papillomavirus, or HPV (18 percent), and chlamydia (4 percent). Data were based on an analysis of the 2003-2004 National Health and Nutrition Examination Survey.

"Today's data demonstrate the significant health risk STDs pose to millions of young women in this country every year," said Kevin Fenton, M.D., Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. "Given that the health effects of STDs for women – from infertility to cervical cancer – are particularly severe, STD screening, vaccination and other prevention strategies for sexually active women are among our highest public health priorities."

CDC recommends annual chlamydia screening for sexually active women under the age of 25. CDC also recommends that girls and women between the ages of 11 and 26 who have not been vaccinated or who have not completed the full series of shots be fully vaccinated against HPV.

## New Data Reveal 7th Consecutive Syphilis Increase in U.S.

The U.S. syphilis rate increased for the seventh consecutive year in 2007, largely reflecting continued increases among men who have sex with men (MSM), according to preliminary data from the Centers for Disease Control and Prevention (CDC) presented at the 2008 National STD Prevention Conference in Chicago.

Other studies released at the conference indicate that many MSM with sexually transmitted diseases (STDs) remain undiagnosed due to inadequate STD testing. “STDs remain a major threat to the health of gay and bisexual men, in part because having an STD other than HIV can increase the risk of transmitting or acquiring HIV,” said Kevin Fenton, M.D., Director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. “The resurgence of syphilis among MSM represents a formidable challenge to our STD prevention efforts, but one that is surmountable. The solution comes down to making STD screening and treatment a central part of medical care for gay and bisexual men, while finding innovative ways to help MSM avoid STD infections, including HIV, in the first place.”

## Montana 2007 STD Morbidity Data

Newly-released data from 2007 indicates that the number of STDs diagnosed and reported in Montana has increased over the last three years. According to surveillance from the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section, 2,757 cases of chlamydia were reported in 2007 (288 cases per 100,000 population), compared with 2,649 cases of chlamydia reported in 2006 (277 per 100,000 population), and 2,368 cases reported in 2005 (247 per 100,000 population).

Of the 2,757 chlamydia cases reported in 2007, 74 percent (2,058 cases) were diagnosed in individuals 15 to 24 years of age. Of the 2,649 chlamydia cases in 2006, 74 percent (1,957 cases) were diagnosed in youth 15 to 24 years of age. In 2005, of the 2,368 cases of chlamydia, 75 percent (1,783 cases) were diagnosed in that same age group. “Education is one thing, and we certainly need it. We also need social norm change among youth,” says Laurie Kops, Supervisor, HIV/STD Section, DPHHS. “We have got to start talking about STDs so that safe behavior becomes ingrained in contemporary youth culture.”

In 2007, there were eight cases of syphilis diagnosed and reported in Montana. That reflects an increase over the one syphilis case reported in 2006. In 2005, seven cases of syphilis were reported.

There was a drop in the number of gonorrhea cases reported in 2007 at 122 cases, compared with 191 in 2006 and 158 in 2005. “Clearly, chlamydia infections are the most common reported STD in Montana, as well as in the nation,” says Kops.

## Montana Youth Offenders Learn About STDs

About 30 inmates at the Reintegrating Youthful Offenders (RYO) Correctional Facility in Galen, Montana attended an STD presentation given on site in March by Laurie Kops, Supervisor, HIV/STD Section, Montana Department of Public Health and Human Services (DPHHS).

Kops provided important disease and testing information. “Juvenile detention centers are a great place to do testing and treatment because the youth are there for awhile, not in the community engaging in risk behavior, and they can finish the treatment regimen,” says Kops. DPHHS provides funding for testing at RYO. Kops says the youth, ages 11 to 21, were receptive to the presentation, especially the photos of STDs, and had good questions. “This was a perfect opportunity to reach kids in the age group that we are seeing the most STDs, and to impress upon them what STDs can do to their health and their partners’ health.”

“We have a lot of kids who are going to get out soon,” says Teresa Seymour, R.N. at RYO. “There was a lot of ‘oh, that’s gross,’ but they need to know what their risk behaviors can cause, and how it can devastate their lives and their partners’ lives.”

RYO offers a unique program that meets the needs of a youthful offender population, according to information on its website. RYO contracts with the federal government, and several counties and tribes in Montana.

## Montanans Learn New Media at California Sex Tech Conference

Video games that teach teens about sex, text messages with HIV frequently-asked-questions, STD prevention on social networking sites like Facebook or MySpace, and moderated blog forums. Those are just a few of the creative “new media” interventions that Jon Freeland and Josh Peters-McBride of FDH and Associates and the Montana Gay Men’s Task Force (GMTF) experienced while attending the “SexTech Conference 2008: Focus on Youth.” The inaugural conference, held at San Francisco State University in January, focused on effective, high-tech ways to reach youth with

prevention messages.



Josh Peters-McBride (L) and Jon Freeland (R)

“It was pretty amazing that the first conference held had such high participation with a diverse group of middle and high school teachers, representatives from Planned Parenthood, public health professionals, prevention specialists, and computer programmers,” said Freeland. “Some of the sessions were really technical but most were great for those of us in HIV prevention.”

Freeland was particularly interested in computer-automated text messaging demonstrated at the conference. The GMTF has started to text message to existing address books but has not used computer-automated text messaging, which allows people to text and request information. “Someone wanting HIV information can

text a certain number like “MT-HIV-Info” and receive a message back that is tailored to his or her location. We can give them testing sites, for example.” Automated text messaging is cost effective. The most expensive part is promotion, letting people know about the text message service.

**Know Your HIV Status?**

To find HIV Test Centers near you:

**Text: Your Zip Code  
To: KnowIt or 566948**

[www.hivtest.org](http://www.hivtest.org)

Text messaging can be used to remind people to take their medicine, use condoms or get tested, even deliver STD test results and conduct HIV interviewing. With new technology, people can access information privately and remain anonymous if they choose.

Another piece of technology that stood out for Freeland was Bluetooth, an industrial specification for a wireless personal area network that provides a way to exchange information between devices. “We could take the electronic disk to conferences or Pride events,” says Freeland. “The device is worn around your waist or neck and it connects with computers, phones, or PDAs that have Bluetooth capability. They receive the wireless signal and the user is asked to download a message from the health department, for instance.”

According to the Pew Internet and American Life Project, 90 percent of youth ages 12 to 17 use the internet. The Nielsen Company reports that 35 percent of “tweens,” 8-to-12-year-olds, own a cell phone, and 20 percent have done text messaging.

“It is the new wave, the cutting edge,” says Freeland. “The next generation has turned to this type of technology and other generations are switching over. My mother is text messaging. This is crossing generations.”

Conference sponsors included The California Office of AIDS, Planned Parenthood, National Coalition of STD Directors, Internet Sexuality Information Services, and San Francisco State’s National Sexuality Resource Center.

For more information visit: <http://www.sxtechconference.org/>



## Governor's HIV/AIDS Advisory Council

Discussion about revising Montana's 1997 AIDS Prevention Act was on the agenda for the meeting of the Governor's HIV/AIDS Advisory Council, March 14, 2008, at the State Capitol. Members discussed updating the Act to include new HIV testing recommendations from the Centers for Disease Control and Prevention (CDC).

The CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* calls for universal HIV testing or including HIV testing as part of routine medical examinations for people who are 13 to 64 years of age.

The update would require statutory change in Montana State Code Annotated.

The Council meeting drew the attention of news reporter Kay Rossi from the CBS affiliate station KXLH-TV, who produced a story for the evening news about HIV and the recommendations for universal testing.



MT HIV Programs Coordinator, Judy Nielsen (L) and Council Chair, Kathy Hall (R)



KXLH-TV Reporter, Kay Rossi (Right) interviews MT HIV/STD Section Supervisor, Laurie Kops (Left)

Kathy Hall, P.A., R.N., chairs the Council and is the primary provider for clients with HIV or AIDS at the Deering Clinic, Yellowstone City-County Health Department, Billings. Having been a registered nurse for 40 years, she cares for her patients with heart and compassion. "My patients are my primary goal," says Hall. "Their long term support and care is important to me, which is one reason I serve on the Governor's HIV/AIDS Advisory Council." Hall is also a 2005 recipient of the Governor's World AIDS Day Award. She is a clinical consultant with the Northwest AIDS Education and Training Center, University of Washington, and serves on the board of directors for the American Academy of Medicine.

The Governor's HIV/AIDS Advisory Council is comprised of Montana citizens who serve at the discretion of the Governor. Its purpose is to advise the Governor in the formulation of public policy related to HIV and AIDS, and collaborate with other entities involved in HIV/AIDS prevention, education and treatment. The Council welcomes the new student representative, University of Missoula student, Jamee Greer, who has been approved by the Governor's office to join the Council.

## Save the Date!

### MT HIV/STD/Hepatitis Conference

### August 14 and 15, 2008

### Carroll College, Helena, MT

## New HIV Community Planning Group Members Take Seats



A number of new members took their seats at the table and other members renewed their commitment to the Montana HIV Community Planning Group (CPG) at the statewide meeting, February 7 – 9, 2008 in Helena. New members agreed to serve three-year terms.

They attended an orientation before the regular meeting, and heard the presentations about community planning, the organizational structure of the CPG, and policies and procedures. The new members are Brian BigSam, Jace Dyckman, Lindsay Faber, Jeffrey Hillier, Keri McWilliams and Greg Smith.

“The CPG is a planning group and this is an important planning year,” said Annie Sondag, Ph.D., who presented during the orientation. The CPG is an advisory group instrumental in the planning and implementation of HIV prevention interventions in Montana. The group will play a key role as the Montana Department of Public Health and Human Services (DPHHS) applies for the next five-year federal grant cycle, which begins in 2009.

The CPG is currently conducting an assessment of community services to ensure that HIV prevention resources target Montana’s priority populations and interventions. Assessment results will inform CPG members as they begin to update the five-year Comprehensive Plan.

The CPG helps to ensure target populations are represented when planning prevention efforts. The CPG consists of 36 members and is coordinated by the DPHHS HIV/STD Section. For more information, contact Judy Nielsen at [jnielsen@mt.gov](mailto:jnielsen@mt.gov) or (406) 444-4744.



From left to right: Lindsay Faber (holding dog Frank), Keri McWilliams, Jace Dyckman, Brian BigSam, Greg Smith, Jeffrey Hillier.

### CPG Member Survey 2007

Results of a 2007 survey taken by 23 members of the HIV Community Planning Group (CPG) indicate respondents feel the CPG is evenly represented in gender, sexual orientation, target populations and ethnicity. Respondents did not feel that age and geographic area were evenly represented, however. Some members want more representation from a younger age group and more members from Eastern Montana.

## CPG Members Attend Cultural Competence and Awareness Program



Presenters from the JSI Research and Training Institute in Denver delivered a four-hour cultural competency workshop to members of the Montana HIV Community Planning Group (CPG) during the group's February meeting.

JSI Project Manager, Alexia Lentz, and Project Coordinator, Arman Lorz, conducted the training that focused on diversity among ethnic cultures, cultural awareness and cultural competence. Diversity is the mosaic of people who bring a variety of backgrounds, styles, perspectives, values, abilities and beliefs as assets to the groups and organizations to which they belong.

Participants explored the stages of cultural awareness, which are blindness, sensitivity, competence and proficiency. Blindness is unconscious unawareness, a person in this stage is naïve to the diversity between individuals and displays characteristics such as ethnocentrism and discrimination, sensitivity is being aware that one doesn't know or understand our differences, competence is being consciously aware, and proficiency is living and breathing diversity, being unconsciously aware. "Proficiency is hard to attain," says Lentz. "Very few people reach that level of cultural awareness."

**"Proficiency is hard to attain...Very few people reach that level of cultural awareness."**

**—Alexia Lentz**

The group then discussed cultural competence, which is the ability to interact effectively with people of different cultural backgrounds. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. To become more culturally com-

petent a system needs to value diversity, have capacity for cultural self-assessment, be conscious of the dynamics that occur when cultures interact, institutionalize cultural knowledge, and adapt service delivery so that it reflects an understanding of the diversity between and within cultures.

JSI and its staff were able to provide this training free of charge to the CPG and Montana Department of Public Health and Human Services as part of a grant from the CDC for providing capacity building assistance for HIV prevention to the states in the Midwest region. For more information on this project, IDEAS, visit [www.proyectoideas.jsi.com](http://www.proyectoideas.jsi.com).

If you would like general information about JSI in the United States and abroad, go to [www.jsi.com](http://www.jsi.com)



Alexia Lentz (left), Arman Lorz (right)

### HIV/AIDS Preceptorships

The Northwest AIDS Education and Training Center (NAETC) sponsors free preceptorships for health care providers on the subject of HIV and AIDS. The preceptorships include hotel, flight and per diem, and range from one-day courses for physicians, two-day courses for nurses, three-day courses for case managers, one-day courses for pharmacists and three-day courses for registered dietitians. Locations vary for each preceptorship including sites in Portland, Seattle and Yakima area. For more information, contact Niki Graham at (406) 275-4920 or [niki\\_graham@skc.edu](mailto:niki_graham@skc.edu)



## HIV and Emergency Preparedness

An expert in disaster and emergency preparedness says the Hurricane Katrina response pointed out weaknesses in serving the needs of people with chronic illness like HIV. John Valentino, Hospital Emergency Preparedness Planner with the Montana Department of Public Health and Human Services, knows first-hand.



“Having worked Katrina, I know there were a number of HIV patients who were med-dependent and were having to go without their meds,” says Valentino. “Some people did not even know what meds they were on.” Responders learned a big lesson from that experience, which is the importance of mitigation and preparedness before a disaster happens.

“Seniors and chronic disease groups like HIV or asthma need special consideration and care during a disaster. We need to be able to provide that care so that’s the reason why I’m talking about this.” Valentino says that people with chronic illness have difficulty compensating for hazardous conditions. “We know that stress levels, environmental issues are going to tax all of us, but especially people in chronic disease groups. We had asthma patients who required ventilators because of all of the dust.”

Valentino says healthcare and service providers should plan for their role in a disaster, and map out how they will deliver service to Montanans or to evacuees to Montana. “As providers, what we do in a disaster is what we do on a day-to-day basis, just on higher octane and revved up. Now is the time to start thinking about putting together a plan for revving up.”

Nationally, preparedness planners are working on a large-scale plan to care for people with chronic disease. Some states are further ahead but most are not. “Are you personally prepared?” asks Valentino. “The best place to start is with yourself. We always think we should develop plans for others but all emergency plans start with the individual.”

Valentino is scheduled to present to the Montana HIV Community Planning Group at their meeting, April 5, 2008 in Helena. He can be reached at (406) 444-0931 or [jvalentino@mt.gov](mailto:jvalentino@mt.gov).



John Valentino, Hospital Emergency Preparedness Planner, MT DPHHS





## National Women and Girls HIV/AIDS Awareness Day

Montana organizations involved in HIV prevention joined the U.S. Department of Health and Human Services to commemorate National Women and Girls HIV/AIDS Awareness Day, March 10, 2008. It was a nationwide initiative to raise awareness about the increasing impact of HIV/AIDS on women and girls. Families, health organizations, businesses, communities, the government and individuals came together to provide support, and to educate women and girls about practicing safe methods, getting tested, and encouraging the community to talk about HIV/AIDS prevention.

The theme for National Women and Girls HIV/AIDS Awareness Day 2008 was “Honoring Our Sisters: Women Living with HIV/AIDS.” In Montana, at least 80 females are living with HIV or AIDS, according to June 2007 data. The number reflects 16 percent of the total number of Montanans living with HIV or AIDS. To learn more about HIV/AIDS and women and girls, visit <http://www.cdc.gov/hiv/topics/women>



## National Native HIV/AIDS Awareness Day



March 20, 2008 marked the second annual "National Native HIV/AIDS Awareness Day," which was observed across Indian Country. HIV continues to increase among Native people as it has over the past decade. Roughly 11 out of every 100,000 American Indians and Alaska Natives were diagnosed with HIV or AIDS in 2005, according to the Centers for Disease Control and Prevention (CDC). In Montana, about 15 American Indians are reported to be living with HIV or AIDS, according to June 2007 statistics.

The purpose of this day was to encourage Native people to get educated and to learn more about HIV/AIDS and its impact in their community, to work together to encourage HIV counseling and testing options in Native communities, and to help decrease the stigma associated with HIV/AIDS. Spring represents a time of equality and balance, of profound change, and new beginnings and birth. For this reason, spring was chosen as the time for "National Native HIV/AIDS Awareness day."

The nationwide effort was coordinated by the National Native American AIDS Prevention Center.

### Montana Testing Days for National Native HIV/AIDS Awareness

Several Montana HIV prevention organizations held testing days to mark National Native HIV/AIDS Awareness Day. The Missoula AIDS Council (MAC) held a day-long HIV testing day in Arlee at the Flathead Reservation to commemorate National Native HIV/AIDS Awareness Day, March 20, 2008.

Kathy Reddies, Program Coordinator for the Montana Targeted Prevention, a MAC program, conducted eight tests. MAC volunteer, Bill King, assisted with the coordination. Those people who were tested received information materials, promotional items, and a five-dollar gift certificate to Walmart as an incentive to get tested.

“We advertised and did testing in Missoula,” says Keri McWilliams, MAC Executive Director. “But we also wanted to target the native population, which is why we went up to Arlee.” The testing took place at the Arlee Indian Senior Citizen Center.

At the Missoula Indian Center, 26 people were tested during its special HIV testing day. Clinic Coordinator, Karen Neumiller, and University of Montana student, Marjorie Garcia, conducted the testing. “Between the two of us we were very busy, and we did a lot of good,” says Neumiller. They talked with clients about HIV, hepatitis and other STDs. In addition to the free tests, clients received \$20 gift cards from Walmart, informational materials, and packets of condoms and lube. The Center plans another testing clinic on National HIV Testing Day, June 27, 2008.

During the week of April 14, 2008, representatives from the Salish Kootenai HIV Prevention Task Force and Tribal Health will travel to five locations on the Flathead Reservation to conduct testing for HIV, hepatitis C and chlamydia. “There are some people who cannot travel to Salish Kootenai College so we are going to them,” says Niki Graham, SKC Program Coordinator. The five communities are Arlee, St. Ignatius, Ronan, Pablo, and Polson.

## HIV Counseling, Testing and Referral

At least fifteen HIV prevention professionals from throughout Montana attended the HIV Counseling, Testing and Referral (CTR) and Rapid Testing training, March 18 - 20 in Bozeman, sponsored by the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section. Salish Kootenai College Program Coordinators Niki Graham and Vicki Peterson were the primary instructors for the course. Students received certificates for successfully completing the trainings.



Peggy Baker, Administrative Professional, DPHHS HIV/STD Section, taking registrations for trainings, and doing much more.

### New Prevention Coordinator at Missoula AIDS Council

One of the students at the HIV Counseling, Testing and Referral training was Christa Weathers who has recently joined the Missoula AIDS Council as Prevention Coordinator.

"This position is a great opportunity. HIV has always been a passion of mine," says Weathers, who has a bachelor's degree in microbiology. "While research is extremely important, I like working in the social services arena. I definitely enjoy working with people."

For the past two years, Weathers has been self-employed as a grant contractor with non-profit organizations. She has been an Americorps Vista volunteer working with at-risk youth. And she spent several months in Malawi working in HIV education in rural villages. Weathers can be reached at [hivprevention@centric.net](mailto:hivprevention@centric.net) or (406) 543-4770.

### HIV Testing Form Resources

Contractors with the HIV/STD Section of the Montana Department of Public Health and Human Services who conduct HIV counseling, testing and referral services recently received resource manuals to assist them with the new CDC testing documentation forms.

"With the advent of CDC's new short form we needed to put together a one-stop-shop type of resource," said Sandy Sands, HIV Program Specialist. "This will help insure that all contractors have available resources to help them use the new form," he said.

About 20 organizations in Montana receive federal funding through the state to do HIV testing services. A technical assistance call was also held on March 13 to answer any questions about the resource manual or the forms. For information about HIV testing and a list of contracted sites, visit [www.health.mt.gov](http://www.health.mt.gov) and click on HIV/STD.

## Save the Date

### HIV Prevention Community Planning Group

April 4 and 5, 2008

Wingate Hotel

Helena, MT

Contact: Judy Nielsen, (406) 444-4744, [jnielsen@mt.gov](mailto:jnielsen@mt.gov)

### Rapid HIV Testing and Diagnosing Acute Infection

(Live webcast and satellite broadcast)

Presented by the NY/NJ AIDS Education and Training Center and Albany Medical College

April 16, 2008 10:30 a.m.— 12:30 p.m. Montana time

For more information visit: [www.amc.edu/hivconference](http://www.amc.edu/hivconference)

### Teaching Techniques and Facilitation Skills

#### Training for HIV and STI Prevention Interventions

April 23 and 24, 2008

Billings, MT

Presented by JSI Research and Training Institute

Contact: Shelley Hayes, Yellowstone AIDS Project, (406) 245-2029

(Attendance to have been confirmed by March 19, 2008)

### HIV + and Partners Retreat

#### “Rising Hope: Partnerships for Positive Living”

May 2 — 4, 2008

Helena, MT

For more information: (406) 829-8075 or

[fdh@mtgayhealth.org](mailto:fdh@mtgayhealth.org)

### AIDS Review Panel

May 8, 2008 3:30 p.m. — 4:30 p.m.

MT Dept. of Public Health and Human Services

Cogswell Building, Room C — 205

1400 Broadway

Helena, MT

Contact: Laurie Kops, (406) 444-2457, [lkops@mt.gov](mailto:lkops@mt.gov)

### Montana HIV/STD/Hepatitis Conference

August 14 and 15, 2008

Carroll College Campus Center

1601 North Benton Avenue

Helena, MT

Contact: Laurie Kops, (406) 444-2457, [lkops@mt.gov](mailto:lkops@mt.gov)

## National Scene

May 18, 2008

HIV Vaccine Awareness Day

June 11 - 14, 2008, Detroit, MI

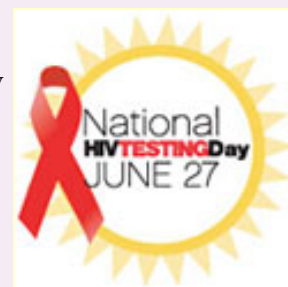
HIV Prevention Leadership Summit

September 18 - 21, 2008, Miami Beach, FL

U.S. Conference on AIDS

June 27, 2008

National HIV Testing Day



National HIV Testing Day provides an opportunity to dispel the myths and stigma associated with HIV testing, and to reach those who have never been tested or who have engaged in risk behavior since their last test. For more information, visit <http://www.napwa.org/hivtestinfo/>

## HIV/STD Section Staff

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**Sandy Sands**, HIV Programs Specialist,

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### Who's Who

Former Missoula AIDS Council HIV Prevention Coordinator, Lindsey Doe, and DPHHS HIV/STD Section Health Educator, Mary Ann Dunwell, have moved on to other opportunities. They both leave a part of their hearts with you and the important work you do.